PATENT APE CATION FEE DETERMINATION REEFFECTIVE December 8, 2004

10/501629

| CLAIMS AS FILED - PART I | | | | | 0.000 | | | | |
|--|---|---|--|-----|--------------|------------------------|------|---------------------|------------------------|
| | | (Column 1) | (Column 2) | | SMALL EN | | OR | OTHER SMALL | THAN ENTITY |
| U.S. NATIONAL STAGE FEES | | | |] · | RATE | FEE | 7 | RATE | FEE |
| BASIC FEE | | SMALL ENT. = \$ 150 | LARGE ENT. = \$ 300 | 1 | BASIC FEE | | | BASIC FEE | Car |
| EXAMINATION FEE | | Satisties PCT Article 33(1)- (4) = \$ 50 / \$ 100 | All other situations = \$ 100 / \$ 200 | 1 | EXAM FEE | | 1 | | 1/20 |
| SEARCH FEE | | U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 | | SEARCH FEE | | 1 | SEARCH FEE | - |
| FEE FOR EXTRA SPEC. PGS. | | minus 100 = | /50= | | X \$ 125 = | | | ¥ 0 050 - | <u> </u> |
| TOTAL CHARGEABLE CLAIMS | | 20 minus 20 = | • | | X\$25= | | | X \$ 250 = | |
| INDEPENDENT CLAIMS | | 3 minus 3 = | • | | X \$ 100 = | | OR | X\$50= | |
| MUI | TIPLE DEPENDENT CLAIM PRI | SENT | | | +\$ 180 = | | OR | X \$ 200 = | |
| If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | TOTAL | | OR | + \$ 360 = | |
| | | | | | N | | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | SMALLE | NTITY | OR | OTHER SMALL E | |
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGH MUMI PREVIC PAID | BER PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total • 31 | Minus - 3 |) = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent * | Minus ••• 3 | = | J | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF M | ULTIPLE DEPENDENT (| CLAIM | Ī | \$ 180 = | | QR | + \$ 360 = | - |
| | | | | | TOTAL ADDIT. | | OR | TOTAL ADDIT. | |
| | 5, 15.0 / (Column 1) | | | | | \ | | | |
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHI NUME PREVIO PAIO I | BER PRESENT USLY EXTRA | | RATE . | ADDI- TIONAL FEE | ſ | RATE | ADDI- TIONAL FEE |
| | Total 3/ | Minus 33 | - A | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent * / | Minus *** 3 | - 4 | Γ | X \$ 100 = | | OR | X \$ 200 = | - |
| | FIRST PREȘENTATION OF M | ULTIPLE DEPENDENT C | LAIM 🗍 | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | OR L | TOTAL ADOIT. FEE | |
| If the entry in column 1 is less than the entry in column 2, write "o" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | |